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Attorney's Docket 016955-0307491
Client Reference: JL218270-003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of:
CHRISTOPHER P CHAMBERS

Confirmation No: 4686

Application No.: 10/762,294

Group Art Unit: 3654

Filed: January 23, 2004

Examiner: EVAN LANGDON

Title: WINCH

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**CERTIFICATION OF FACSIMILE TRANSMISSION
UNDER 37 C.F.R. §1.8**

I hereby certify that the following papers are being facsimile
transmitted to the Patent and Trademark Office at (703) 872-9306 on the date
shown below: Amendment Transmittal; Amendment

PILLSBURY WINTHROP LLP


GLENN T. BARRETT
Reg. No. 38705

Date: November 22, 2004
P.O. Box 10500
McLean, VA 22102
Telephone: (703) 905-2000
Facsimile: (703) 905-2500

(Certification of Facsimile Transmission—page 1)

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AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

FEES

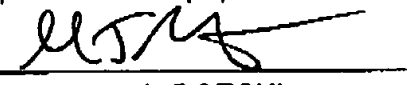
The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE |
|--|---|---------------------------------------|------------------|------|---------------------|
| TOTAL | 15 | - | 20 | = 0 | \$ 9.00 = \$ 0.00 |
| INDEP. | 2 | - | 3 | = 0 | \$ 44.00 = \$ 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | + | \$ 150.00 = \$ 0.00 |
| TOTAL ADDITIONAL CLAIM FEE | | | | | \$ 0.00 |
| GRAND TOTAL | | | | | \$ 0.00 |

FEE PAYMENT

Authorization is hereby made to charge the amount of \$0.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: September 22, 2004
PILLSBURY WINTHROP LLP
P.O. Box 10500
McLean, VA 22102
703. 905.2011


JEFFREY D. KARCESKI
Reg. No. 35914
GLENN T. BARRETT
Reg. No. 38705

Attorney Docket: 016955-0307491
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AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated August 20, 2004, please amend the above-identified application as follows: